## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget N 1215-0188 Ex i s 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING TH'S REPORT.

1. File Number U - 019 -521	2. Fiscal Year Covered From:
10485	0]/0]/ 200 Through: [] / 3/ 3004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ShiRLey A MUELKen	Name UFCW local 789
/	Labor Organization File Number 0/4-521
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2251 Manning TR. No.	Street 266 HIRAMUN AVE NO
City Lake ELMO	City Sout'n St Paul
State 7.7 N , ZIP Code + 4 55042	State MN ZIP Code + 4 55075
5. Position in labor organization. UNICN Rep	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	r derived income or other economic benefit of tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Shiley G. Millen	On 7-14-05 (51 773-3287)  Date Telephone Number

Name of Person Filing	File Number U- 014-521
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Wilson McShaw: CuRP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 300   MetRo Dn - Suite 500  City BLomington  State MW : ZIP Code + 4 55 4 25	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name 47 CW Local 189 and Jood Employer's name.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 30.01 Metro Dr - Switt.500  City 15 Loom ing and  State MN ZIP Code + 455425	11.a. Nature of such dealing.  Mealth & Welfard  Fund  11.b. Approximate dollar value of such dealing.  12.a. Nature of interes: held or income received.  Mustin educational expenses
	12.b. Amount. 4089. \$3
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.